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REPORT ON DR. WEBBER'S ESSAY ON INSTINCT.\*

BY A COMMITTEE OF THE NATIONAL INSTITUTE.

[Communicated for the Boston Medical and Surgical Journal.]

THE Department of Medicine, to which was referred an essay, entitled "Remarks on Instinct, being an investigation of the view of it promulgated by Dr. Good," by Dr. Samuel Webber, of New Hampshire, beg leave to report:—

That the object of Dr. Webber in this essay appears to be a division of the various impulses affecting organized nature, from the simplest vegetation to the highest and loftiest conceptions of the human intellect, into three general classes. The first, which is properly the essential ingredient of purely vegetative life, he denominates "organic impulse, or the impulse of formation;" the second, which is the property of animals, "animal impulse, or instinct;" and the third, the attribute of man alone, "rational impulse, or the impulse of thought and intellect."

The Department entertains the opinion that instinct, so far from being confined to the animal kingdom, is distinctly and indelibly impressed alike on the lowest vegetable, and the highest intellectual, creation; that it does not exclude, by its presence, the impulses, be they received from what source they may, by which the nourishment and sustenance of the individual species, either of vegetative or animal life, is supplied, on the one hand, or the operations of the intellect on the other, but that all these may, nay, do exist, at the same time, in the same individual. It may be proper to remark, before entering into an inquiry of this subject, that even Dr. Webber himself admits the presence of *two or more of his classes* in the *same* individual, but considers them, *in general*, as furnishing the distinctive marks by which to characterize the different species.

In all organized bodies, whether vegetable or animal, the functions are executed with a view to the preservation of the individual and the species, after a fixed and constant law. This truth is so evident, that manifold examples are to be found each instant in every department of nature. The grain of seed, when planted in the ground, constantly sends its shoot upward to the surface of the earth, and plunges its roots still deeper into the soil, presents its foliage in greatest abundance to that quarter

\* See page 429, Vol. XXXII. of this Journal.

from whence it receives most light, penetrates the fibres from its roots deepest into those parts of the earth best suited to its nourishment, and opens and closes its flowers to the sun and rain, according to its nature and circumstances. Nor does its wonders cease here. Some plants slumber during the day, others during the night; some are endowed with irritability, especially in their organs of re-production, and all bear testimony to the profound sagacity and wisdom by which they are made to coöperate with all nature in carrying out the grand design of the world's great Architect.

Nor are the prodigies less marvellous in the animal kingdom. The zoophytes and polypus discover and secure their nutriment with no eye to guide them, and these last are reproduced by mere disseverment. What can exceed the beauty and variety of form of the sea coral reared by the tiniest insects, yet so well adapted to the purposes they were intended to subserve, that the clearest conceptions of their use must have been present to the minds of its framers.

In pursuing the inquiry still further, to beings more complicated in their structure, as fishes, reptiles, birds, and quadrupeds, we are still met by the same evidence of spontaneous industry, without observing any remarkable appearances of intellect or reason to govern them in their avocations.

From whence arises or in what consists this mysterious power, observable alike in the animal and the vegetable kingdom, the source of such actions as are peculiar to each of the infinite variety of species, all characterized by the same unceasing industry, the same perfectness and sagacity, and which fill the mind with mysterious amazement?

In imagining a power capable of solving this marvellous problem, it must not only account for a few of the phenomena exhibited, but extend its domain far and wide, to the most minute ramifications of the whole boundless works of creation, endowed with the least particle of life. Endowed with life, because in inorganic nature, or minerals, the principle of molecular attraction is sufficient to account for the phenomena observed in them.

But this power which presides over organic nature, must not only show how the silk worm spins his cocoon, and closes itself within, for the purpose of undergoing a transformation into another and more beautiful existence, but must show how this metamorphosis is brought about; how the chick develops itself in the egg, or the fœtus becomes organized in the mother's womb, and by what strange prodigy the organs, the eye, the ear, the members, the muscles, the nerves, the bloodvessels, and the tendons, are constructed, and join in such harmonious concert with the general whole. And to this power, thus directing and organizing, philosophers have given the name of *instinct*, or that interior stimulation or appetite, which leads to immediate and involuntary action.

It is instinct as thus defined; and that this is the true definition, is evident from the origin of the Latin word *instinctus*, from two Greek words which signify to prick within, which causes the plant when bent down by some mechanical obstruction to raise its branches upward, precisely in the original direction assigned it by nature, and predisposes the actions of

animals, even when deprived of the power of executing them. Deprive the bull of his horns, the cat of her claws, or the bee of its sting, exasperate them, and the same acts will follow as if they were possessed of these means of defence in the highest degree. A similar cause closes the larynx and glottis, when an offending body presents itself, or induces coughing if it finds ingress, excites the action of the Schneiderian membrane when snuff or other sternutatories are placed in contact with it, and exercises, to a greater or less extent, a direction over the *natural* passions and appetites. To instinct is attributable the power of the smallest insects, immediately after bursting the shell which confined them, without any guide to discover those plants precisely fitted for their nourishment, extract the nectar hid in the base of its flowers, and select those of the same species, with as much certainty as the botanist exercises in the collection of specimens for his cabinet. It enables animals to discover changes of temperature, the approach of storm, and many other phenomena, with far more unerring certainty than man. The evidences of the approach of storm manifested by the sea gull, the emigrations of birds at stated periods, and a thousand other examples, might be adduced in proof of these statements.

The science of medicine has frequently descended from her high position in the schools, to learn from animals the use and effects of some of her most valuable remedies. The purge and emetic were first indicated to the Egyptians, by witnessing the effects produced on the dog by the dog-grass, the use of the lancet by the hippopotamus, or sea horse, and the beneficial effects of ointments in cicatrizing ulcers by observing the use the dog made in such cases of his tongue.

That there exists a direction from within, exercising a controlling influence over organized bodies, is rendered more manifest if we commence our investigations before they have reached their full state of development. It is not the growth of the teeth, or the claws, or the horns, which inspires the animal with the faculty to make use of them. This is indicated in advance by a primitive instinct. Take, for example, the case of a young bull without horns; he paws the earth, and strikes his head in vain reliance on the powers, *not now*, but hereafter to be, developed. A secret instinct discovers to either sex the existence of a new species of happiness, a source of voluptuousness or love, as the case may be, long before the genital organs have acquired their perfection at the age of puberty.

The new born infant, when for the first time it regards the light of day into which it is ushered, if left free to the exercise of its own feeble faculties, with no maternal hand to guide it, seizes itself the breast, and by the movement of its lips causes the milk to flow; all the muscles of deglutition are brought into action, and join in perfect harmony, without being previously apprised. Young pups, which have their eyes closed at birth, find with great readiness the teats of the slut. At the period of dentition the infant carries not only its fingers, but whatever hard substance comes within its reach, to its mouth, and by the pressure it is enabled to make with these aids, very much facilitates the passage of the

teeth through the gums by which they are covered. In the selection of its food it appears to be no less under the dominion of instinct; rejecting alike all spirituous liquors and highly-seasoned food, it makes its repast of milk, or those sweet fruits, in which simple nature is not disguised by the labors of art.

How pleasing to contemplate, at this epoch of life, the actions guided solely by the inspirations of instinct. What infantile graces sparkle up from the new-beating heart, speaking a language of ingenuousness and affection, exposing equally the good and the bad, and ignorant alike of sordid passions and base designs, the invention of the human intellect.

The source of instinct is traceable to a sentiment which pervades, to a greater or less extent, all organized beings, the preservation of the individual and the species. It associates the acts in unison with the mechanism of the organs, operates spontaneously, follows nature for its guide, and gives such direction to the actions as would be ascribed to intelligence, were they not the result of natural disposition, growing out of a peculiar organization. It differs from acquired knowledge, in proceeding from within; whereas the latter is dependent on exterior circumstances for its development. Instinct operates on the desires and passions involuntarily, and naturally, and therefore perfectly. Acquired knowledge is slow in its attainment, requires an effort of the will to produce action, is imperfect when produced, and absorbs by its attainment this natural faculty. Therefore it is never more fully developed than in those insects whose life is confined to the narrow limits of a few weeks, and consequently have neither time nor means to acquire this fugitive knowledge, but possess a being already complete and illuminated in advance, fitted to accomplish the destiny intended for them by nature.

The case is different with the larger animals, who live a longer time and whose organs are more fully developed. Many of these, particularly if placed under the dominion of man, as the elephant, the horse, or the dog, appear to be capable of perceiving and comprehending, and possess an intelligence susceptible of cultivation to a great extent. The history of animals furnishes numerous evidences in attestation of this fact.

The attachment and fidelity of the dog to his master are well known. How many have rescued their master from the hands of robbers by their zeal and perseverance. How often have they pursued with unremitting industry his murderers, and at last been the means of bringing them to a merited punishment; and how frequently, on the death of a favorite master, has this noble animal planted himself over his grave, making his mournful lamentations to the passing blast, refusing all nourishment, and finally perishing of hunger and cold.

In man, especially in a state of civilization, whose brain is more remarkable in its structure, whose functions are less limited, who is able to vary his occupations according to circumstances; and is endowed with reason so perfect, and knowledge so extensive, instinct becomes almost totally obscured. But it by no means follows that because instinct is thus dimmed by intellectual qualities, or adventitious and exterior circumstances, it does not exist in man. Such a supposition would argue a want of knowledge



of the moral nature of man, and a neglect of those deep impulses in the soul, whose hidden cords vibrate in unison with our emotions.

Evidence has already been furnished that man, in his infancy, is under the dominion of instinct, by an observation of the acts likely to follow the promptings of nature. All the passions, whether good or bad, are to a greater or less extent under the domain of instinct; anger, fear, hope, love or hatred, are primarily traceable to this cause, but as the intellect becomes developed they are brought into more immediate subjection to the will; but because the motive for restraining these passions predominates in man, it does not on that account invalidate the position that they are the product of other causes, and derived from another source. Now although the genital organs do not receive their nerves from the brain, and are therefore independent of the will, yet it must be admitted that the influence of the imagination, in the approach of the sexes, solicit these impulses of instinct to the performance of their natural acts. The voice of instinct is made manifest in the tenderness with which the mother approaches her infant. The mamma becomes elevated, the nipple projects, the milk flows, and it seems almost as if one life animated the breasts of the parent and the child.

While man has been allowed to direct his own natural propensities and abuse those gifts placed within his power, nature has wisely confided to instinct the most important acts of the animal economy. Man may be tyrannical in his dominion, insatiable in his avidity, but he will never be able to prevent the incursions of disease, the torments of pain, or the fear of death.

The Department has thus laid before the Institute, in as concise a manner as possible, its opinions concerning instinct. It has proved by the eduction of indisputable evidence the existence of this power in all organized bodies—here moving, directing, governing; there, suppressed by more conspicuous qualities, pursuing not less certainly or surely its progress. As, however, the subject is one of great importance, and as the peculiar views of Dr. Webber are ingeniously advanced, it would recommend the publication of his essay in conjunction with this report.

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#### A NEW CAUSE OF DELIRIUM TREMENS.

[Communicated for the Boston Medical and Surgical Journal.]

THE following somewhat singular case fell under my observation during the past month, and I communicate it, in order to call the attention of the medical profession to another possible if not probable cause of a well-known disease originating in the artificial and unnecessary habits of society. That *delirium tremens* may arise from other exciting causes than the abuse of alcohol or opium, I have not the least doubt, as the sudden withdrawal of any accustomed stimulus must necessarily be followed by more or less derangement of the function of innervation, and the extent of this derangement will be proportioned to the excitement hitherto produced by the habitual stimulus.

A lady, aged about 65 years, of slender habit and great nervous impressibility, and who had during the last twenty-five years been constantly in the habit of smoking tobacco with great regularity, was suddenly attacked with pleuritis. Owing to the feebleness of her health previous to her coming down, the smallness and frequency of her pulse during the early stage of the disease, I was induced to withhold the lancet, and depend upon tart. ant. as an arterial sedative, or perhaps *contra stimulant*, in the treatment of the case. It was given at first in half grain, and afterwards in grain doses, every four hours, and restrained from running off by the bowels, and directed to the surface, by the addition of from five to eight drops of *tinct. opii* to each dose. This treatment, aided by an epispastic over the seat of the disease, subdued the pain and fever in about three days, at which time delirium supervened, attended with paroxysms of profuse perspiration. She was now constantly reaching after illusory objects: the room was full of flies; the bed clothes were covered with soot; human heads were constantly (as she expressed it) "bobbing" at her; children were constantly about and on her bed, and yet she knew all who approached her; and when any of her family remained absent from her sight longer than usual, she inquired for them. At the end of about four days from the commencement of the delirium, she had gained so much of muscular strength as to sit up, and even began to walk about the house, yet without any abatement of her hallucination. Pale, haggard, agitated and care-worn, she now expressed horrors at which the mind of observers shuddered. This state continued about three days more, when at the end of just a week from the commencement of the delirium, after taking eighty drops of *tinct. opii*, she fell asleep (the first time for a week), and the next morning awoke rational, retaining in her memory but few traces of the shadowy visions of the week. Her appetite was nothing during the whole of her disease, and her bowels were more active than usual during the time she took the antimony, but the remainder of the time they required laxatives to move them. During the first four days of the delirium she took twelve drops of a solution of *sulph. morphine* (eight grains to an ounce of water) every four hours; it was then discontinued, and another anodyne given till the evening which commenced the eighth day.

Whatever may have been the influence of tobacco in this case, or whether a sudden arrest of its long-accustomed use by a disease whose effects must necessarily be weakening to the system, was the exciting cause of the train of symptoms which followed, it certainly presented most of the phenomena peculiar to delirium tremens, if we except the tremors. This symptom, though not entirely absent, was only exhibited when the patient was more than usually agitated, and when a cold clammy perspiration bedewed the head and extremities. These paroxysms occurred mostly during the night, and were of short duration.

*Buskirk's Bridge, N. Y., Feb. 2, 1846.*

S. A. COOK.

## DR. WOODWARD'S EXPERIENCE OF NUX VOMICA.

[DR. WOODWARD, of Worcester, gives the following additional particulars of his success in the use of strychnine.]

MR. EDITOR,—Some time ago I gave you a brief account of a case of palsy of the bladder, successfully treated with the tincture of the alcoholic extract of nux vomica. The cure was permanent in that case; the disease did not return.

Quite recently I have treated four cases of general palsy, in which there was little or no control over the discharge of urine, all wetting their clothes in the day-time and their beds at night. All of them were affected to that degree as to be able to walk with difficulty, and one was almost constantly confined to the bed. The medicine given was the following: R. Alcoholic extract of nux vomica, 3 ss.; rectified spirits of wine, 5 ij. M. The dose given was from 20 to 30 drops, three times a day.

Within two days there was a manifest difference in the power of retaining the urine. In the two worst cases there was great relief, but the cure was not complete; the urine was occasionally discharged at night, but not frequently.

In the other two cases the effect of the remedy has been entirely successful; there has been no wetting of the clothes or bed since, now nearly three months, and the general health has greatly improved.

Of the first two cases, one was entirely blind, and finally so deaf as not to hear at all; the palsy increased till a complete apoplexy terminated in death. The other is very insane and violent, breaking and tearing everything that comes in his way. The palsy is no better, but the state of the bladder much improved.

## ON THE USE OF WARM WATER AND THE BANDAGE IN THE TREATMENT OF FRACTURES AND OTHER INJURIES.

By John T. Lewis, M.D., of Lexington, Ky.

G. S. HAD his foot crushed by the wheel of a heavy passenger car, in attempting to get on a train of cars under way. A medical gentleman, who was present, applied such dressing as could be obtained; and he was brought to town in a short time after the accident occurred.

The appearance of the shoe, which was on the foot at the time the injury was sustained, together with representations made of its character and extent, by those who witnessed the occurrence, induced me to defer a minute examination until the following morning, intending to avail myself of Professor Dudley's skill and experience, before any decisive course of treatment was adopted. He was accordingly invited to visit the young man, and after such an examination as the mangled condition of the foot would bear, remarked, that "it was worth an effort to save it." I was more disposed to concur with him, from an apprehension that amputation would fail, than from any well-grounded hope that the course advised would be successful. From the toes to the instep, was a gaping

wound, the foot having bursted from pressure. To what extent the bones were injured, it was not possible to learn with certainty, but there was every reason to suppose, that most if not all the metatarsal bones were fractured—some, perhaps, crushed in many pieces. The weather was excessively hot (July), and the young man had been indisposed and feverish, for some days. A more unpromising prospect could not well be presented.

A bandage was applied from the toes to the knee, so as to afford a comfortable support to the part, lessen the force of the arterial circulation, and prevent muscular contraction. The dressings were ordered to be kept wet with warm whiskey and water, and a brisk mercurial cathartic administered. Every effort was made to prolong the intervals between dressings, but without avail. The little toe came away in the dressings on the third day; the pain was increased rather than diminished, and, with all, our nurses were exhausted by watching, and the labor of pouring water, &c., on the foot, which alone gave any relief. Well-marked red lines were seen running from the foot to the knee, and the surface of the injured part extensively vesicated, indicating, but too plainly, that mortification must soon, if not arrested, destroy the patient.

Hot whiskey, with a weak ley, was substituted for the water and whiskey, and the following labor-saving expedient adopted, with the hope of preserving the vitality of such parts as were not already dead. A large tin vessel was ordered, having a tube one inch in diameter, and three feet in length, inserted in the side and near the bottom, with a lateral angle near the extremity, corresponding with the angle of the foot on the leg. The end of the tube was closed, and the underside pierced with small holes to allow the fluid to escape slowly on the limb. A plank of the proper width, and of sufficient length to extend from the knee beyond the heel, was procured; and deep grooves cut in it near the edges, to prevent the fluid from escaping on the bed. To protect the limb, it was cushioned and covered with soft oil-cloth. The extremity of the plank projected beyond the foot of the bed (for which purpose the foot piece was removed), and a vessel placed under it to receive the water. We had only now to place the limb on it, with a gentle inclination from the knee to the foot, and elevate the tin vessel so that the tube would project directly over the foot and as much of the leg as we desired. One nurse was enabled, with ease, to do more than three had done before. The bucket was filled, and the water passed on the limb, and down the inclined plane, to the vessel at the foot of the bed. Everything was kept comfortable and clean, and, what was more desirable, all pain ceased, except when the application of warm water was necessarily suspended to remove the dressing. The water was thus continually and gently running on the part injured, for twenty-seven days; and the dressing (bandage) re-applied as often as circumstances seemed to require. In a few days after the above plan was adopted, the soft parts sloughed away, leaving little else from the instep to the toes, and also on the bottom from the heel to the toes, but crushed and displaced bones, tendons, bloodvessels, &c. It became necessary to allow a generous diet, and a

pint of porter daily, to sustain the system under the excessive purulent drain to which it was subjected for some weeks together.

So perfect was the recovery in this case, that the young man walked six miles in about three months after the accident occurred, with no other inconvenience but a slight ulceration, and the discharge of some small pieces or spiculæ of bone. On a subsequent occasion, he injured the foot pretty seriously, but it was soon cured by a bandage, and his necessary confinement to bed by a pistol-shot in the leg. The foot is nearly sound, and half an inch longer than its fellow. The irregular and promiscuous manner in which the bones are united, is still manifest, and indicates, to some extent, the amount of injury sustained. The deformity alluded to, and a slight halt in the gait, are the only unpleasant remains of the formidable injury.

Mr. D. had both bones of his legs fractured by springing from a buggy, when his horse was running off: the tibia very obliquely, involving the capsular ligament of the ankle joint; and the fibula at two points, three inches apart. The weight and impetus of the body, had forced the sharp extremity of the large bone down to the bottom of the foot, leaving the point covered only with the indurated skin; and the soft parts were otherwise much bruised and lacerated by the jagged extremities of the broken bones. But for the support and protection afforded by the leg of a strong boot, they must have been driven into the ground.

In this case, as well as in the preceding one, the bandage was indispensable; but there were important indications which it could not fill. I was anxious to lessen, as far as practicable, the sufferings of my patient; and to avoid the distressing restraint to which all patients are more or less subjected, under any system of treatment, with which I was acquainted; and also to avail myself of the delightful and soothing effects of warm water, upon which I depend, mainly, to control or prevent inflammation.

A box was constructed of light materials, as follows:—The bottom was made of inch plank, and, as near as possible, the length of the limb, from the heel to the ham or popliteal space; the side of thinner material, and projecting at both ends, six or eight inches. It was of sufficient depth to protect the limb, and admit of a cushion at the bottom, well adapted to its form; so that the pressure was equal at all points. To protect the cushion from water, an oil-cloth was laid in the box or trough, and upon it the limb rested. Extension and counter-extension, if necessary, were readily effected by strips of muslin or strong tape attached to a bandage, which embraced the leg immediately below the knee, and attached to the ends of the projecting side-pieces, above, and a handkerchief, or broad strip of muslin, from the foot to a pin in the projections below. The leg was confined in the box by strips which passed directly over it, and through incisions made in the sides for that purpose. To prevent lateral motion, particularly at night, cotton wadding or wool was inserted between the sides of the box and the oil-cloth; thus pressing gently, and without danger of irritation, on either side. By this simple expedient, the following advantages were afforded. The patient could lay on either side, or his back, with equal ease and convenience; he was

enabled to get up and down, by the assistance of a small boy, or sit on a chair without pain or hazard of deformity. Warm water could be poured on the limb *ad libitum*, by projecting the end of the box over the bed, and placing a vessel under it. I have adopted the foregoing plan of treatment in all cases of fracture below the knee. My patients are free from pain, and rest well, and in every instance have been cured without deformity; and last, though not the least important, it is scarcely possible for inflammation to take place, or exist for any length of time, if warm water is steadily applied to the parts injured. It is not my intention to set up any claims to originality. It is a combination of that which is valuable, selected from the opinions and practice of our eminent American and French surgeons; and certainly possesses advantages over all others, particularly in cases of extensive injury, and threatened inflammation. With a well-applied bandage, aided by the constant application of fluids, remedies so strongly advocated by Professor Dudley, amputation will rarely become necessary.—*Western Lancet*.

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#### AMPUTATION OF THE TOES.

AMPUTATIONS of the foot are very similar to those of the corresponding joints in the upper extremities. I shall show you one or two of the amputations performed on the toes; and first and principally, amputation of the great toe. This is an operation of some magnitude. I scarcely need detain you by again pointing out the mode of taking off the phalanges. You will occasionally be called upon to remove the last phalanx, more particularly of the great toe, on account of bony growths. Sir Astley Cooper mentions having seen a case or two of this affection, and Dupuytren has also mentioned it; but their opportunities of seeing this disease have not been so great, perhaps, as those I have enjoyed. The disease is very common among the lower orders in the northern part of this island, where I once enjoyed a tolerably extensive practice. The people go about without shoes, and are consequently liable to bring their toes into forcible contact with stones and other hard substances. I brought with me, when I came here, nearly a dozen preparations of the disease, and you will find scarcely one in any other collection in town. The tumor forms inside the great toe, and raises up the nail. It is smooth where it is covered by integument, and sometimes attains a very large size, as large as the phalanx from which it springs. It is now and then met with in the smaller toes, but I have not seen above one or two instances of it in them. It is an exceedingly painful affection, and has often been mistaken for an aggravated corn; but it is easily distinguished from this or any other affection. It is a hard swelling by the side of the toe, pushing the nail upwards and backwards, and prevents the patient walking conveniently with shoes. It has been proposed to get rid of it by exposing its root, and cutting the tumor off; but if you do not take away some portion of the adjacent bone with it, the probability is, that it will be speedily reproduced. The operation is a very painful one,



and does not always prove successful. The best plan is to take off the last phalanx, tumor and all. This you do in the way I pointed out in the corresponding joint of the thumb and fingers.

Now and then you find disease of the middle phalanx of the great toe, and you may be under the necessity of amputating at the articulation between the metatarsal bone and the phalanx. Here very great care must be taken to leave a sufficiently long flap. The sesamoid bones will sometimes throw you out a little in this operation. You cut the soft parts in the way I now do, and you observe that there are sufficient flaps to cover the extremities of the bone.

The small toes require to be removed at the articulation ; and this is done exactly in the same way as the amputation of the fingers. Amputation at the articulation between the metatarsal bone and the phalanx is more difficult than the removal of the finger at the corresponding joint, because the joint is more deeply seated in the foot than in the hand. You carry the incision over the joint, and bring the knife down betwixt the toes, carrying it well into the foot. This enables you to see the joint. You perform the disarticulation, the division of the tendons and ligaments, in the same way as in the finger, with the point of the knife. Having detached completely the head of the bone, you insert the blade of the knife, and complete the separation of the member. Tying of the contiguous toes together, and light dressing, are all that is required.

But amputations of the great toe require some further notice. They may be performed in various places. The great toe is frequently the seat of serious affections. The disease may take place in the phalanges, or in the articulation betwixt them, or in the articulation between the metatarsal bone and the phalanges. The metatarsal bone may be in a carious state, or there may be extensive necrosis, or there may be disease in its proximate articulation between it and the internal cuneiform bone : of all these affections you have specimens before you. If the cuneiform bone be extensively diseased, the incision must go beyond it, of course, so as to admit of its easy removal. When there is disease in the joint betwixt the proximal phalanx and the metatarsal bone, you take off the head of this bone only ; when the shaft is diseased, you remove the bone at its junction with the internal cuneiform bone. You may be under the necessity of going higher up, as I have told you, and removing the internal cuneiform bone also. This you must have seen done more than once in the Hospital. In all these cases you make the same sort of incision. You make but one flap, and go further back, according to the quantity of bone you have taken away. I shall make the incision as for the removal of any part of the bone. You carry the knife well to the fibular side of the bone, both in the plantar and the dorsal aspect of the foot. Here is the sort of flap you make. Suppose you divide the bone here ; you then pass the knife betwixt the two toes in this way, carrying it well round, and completely denuding the bone ; then you are prepared either to apply the saw to the bone, or a good strong pair of bone nippers, and cut it through.

If you want to take away more of the toe, you have only to extend

the incision a little higher up, make your flap, and cutting into the joint, at once take out the bone. If it be necessary to amputate at the articulation, between the internal cuneiform bone and the navicular, that may be very readily and effectually done by the same division of the soft parts. You get at the bone far better than you can by any other incision recommended. Having taken the bone out, you lay the flap neatly down. It is, you will find, by far the best mode of proceeding: I do not know what surgeons do at other hospitals, but this is the mode we practise here.—*Liston's Lectures, in London Lancet.*

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#### A LARGE CALCULUS ENCRUSTED UPON A HAIR-PIN.

MARGARET L——, aged 26 years, was admitted into the Salford Workhouse, on the 12th of August, 1845, in the last month of her pregnancy of an illegitimate child. For several weeks she suffered from pain in the sides and back. From September 10th to 14th, she complained of constant pain in the urethra, difficult micturition, a feeling of tension and bearing down, as from the passage of a hard body of considerable size. On the 14th, after much painful straining and bearing down when voiding her urine, she parted with a calculus without any manual interference. Its weight was four drachms, two scruples and four grains; its length, two inches and a quarter; breadth, one inch and a half; and thickness, five eighths of an inch. It was of a flattened oblong figure. Its nucleus was a common hair-pin, the points of which, as well as the convex extremity, were equally evident to the sight. Its probable composition consists of phosphate of lime and the triple phosphate of magnesia and ammonia. She had no pain afterwards, expressed herself greatly relieved, and was as well as women usually are towards the close of gestation. On the 21st (one week after) she gave birth to a full-grown child, after an easy natural labor, from which she quickly recovered. Upon tracing the history of this case, we find from the evidence of three persons then present, that the pin was really swallowed on June 6th, 1843. The woman was straightening her hair with the hair-pin between her teeth, when one of her companions pulled her hair behind, causing her to laugh, and throw her head back, when the pin slipped down the oesophagus. During the first twelve months she felt little inconvenience, with the exception of slight pain in the bowels, attended with constipation. On the 26th April, 1845, she was admitted as home-patient of the Charlton Dispensary, under the care of the house-surgeon. She remained under this institution five weeks, during which time she complained of continued acute pain in the left inguinal region, of incontinence and increased flow of urine, a profuse purulent discharge from the urethra, scalding and obstinate constipation, attended with frequent discharges of blood with the feces. At the recommendation of the house-surgeon, as her case was considered more proper for the Manchester Infirmary, she gained admission into that institution. There she remained two months, suffering from the same symptoms, only the urine was much increased in quantity, but gave no

evidence, upon being tested, of saccharine matter. She frequently parted with six quarts of urine during the night, and generally seven quarts in the twenty-four hours; complained of pricking pain in the left groin, increased on bending the body forward and on sitting down, but never perfectly free from it excepting when in the recumbent position. She was much relieved while in the Infirmary, but as her confinement was evidently near approaching, was obliged to leave and gain admission into the Salford Workhouse to lie in. This patient never once mentioned to any of her medical advisers the circumstance of having swallowed the hair-pin, lest (according to her statement) she should be compelled to undergo an operation for its removal. As she was pregnant and unmarried, Mr. Brownbill suspected she might have introduced the pin into the vagina for the purpose of procuring abortion; but from the nature of the evidence, he is now fully convinced of the contrary. Being interested in her case, he referred to the medical gentlemen who had the treatment of her, and from them gleaned the above statements. Since her confinement he has made an examination per vaginam, but without discovering any alteration of structure that would indicate its course into the bladder. She still complains of pain upon pressure at the lower and left side of the abdomen and groin. From the symptoms above related, he thinks it most probable that the pin passed from the sigmoid flexure of the colon into the left side of the bladder.—MR. BROWNBILL, in *Lon. Med. Gaz.*

In this singular case there is probably little doubt that the patient swallowed a hair-pin, but very great doubt of its identity with that found in the bladder.

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#### ON THE TREATMENT OF BRONCHITIS IN INFANTS.

By C. M. Miller, Esq., Surgeon, London.

EVERY medical man can, I have no doubt, bear ample testimony to the numerous cases of infantile bronchitis which occur at this season of the year, and I think it will require no apology on my part for offering to my medical brethren a plan of treatment which I have found unusually successful. I may premise, that I have been led to make these remarks in consequence of the danger I have frequently seen arise from the application of blistering plasters to very young children in this disease. On more than one occasion have I been called to children suffering from severe sloughing from this cause, and on one occasion, I remember, loss of life was the result. Now I am perhaps very bold in asserting that I think blistering is rarely required in the bronchitis of infancy, and if it should be, then I think I shall be able to point out a safe plan of proceeding. I will now give my plan of treatment, and it shall be for a child eighteen months old; if the bronchitic affection is very severe, a warm bath, and of calomel one grain, powder of ipecacuanha two grains, with a little compound tragacanth powder, every four hours; if less severe, three times a day, and lengthen the time as the patient improves. Many will

say this will act as an emetic ; it does for the first or second dose, but not afterwards. If the disease does not yield a little on the first day, I generally apply one, or at the most two, leeches to the hollow of the neck above the sternum. Out of some dozens of cases which I have this year treated on this plan, I have not lost one, nor have I had occasion to apply any escharotic in a single instance ; and although I am now limiting myself to the last twelvemonth, yet my success has been nearly equal for some years past. Nothing is to be feared from the effects of the calomel, unless profuse diarrhœa should supervene, and then, of course, it must be remitted ; but I have rarely seen this until the virulence of the disease had been subdued.—Now, then, for my plan of blistering. I believe I am not the only one who has seen the ill effects of a blister on an infant, and many, I dare say, have said they never would apply a blistering plaster again to a child. I say to such, you may do it, and with safety too, if you will place between the blistering plaster and the child's skin a piece of tissue paper ; the blister will do its duty well, and you will have nothing to annoy you ; or if you still feel timid of trying this, dip a piece of blotting paper, the size you require, into acetum cantharidis, and applying it to the part, in ten or fifteen minutes you will have a safe blister raised. This I have found an admirable plan where the effect is required quickly ; indeed, I remember one case of croup where the vital powers were failing, in which it had a very good effect.—*Lond. Lancet.*

#### PRESENTATION OF THE PLACENTA.

By Edward Augustus Cory, M.D.

As the important controversy on the proper management of "placental presentation" renders every atom of information relative to that subject in the highest degree interesting, I shall not apologize for communicating a case which came under my notice several years since, and of which I have preserved an accurate account. My attendance was requested on a woman 38 years of age, a patient of one of the obstetric charities with which I have the honor to be associated, who was reported to have suffered the pains of parturition for some hours. On having recourse to the usual vaginal examination, a substance possessing the characteristic peculiarities of the placenta was discovered occupying the vagina, being at the same time entirely extra-uterine. I could hardly imagine it to be the placental mass, as there was scarcely any attendant hemorrhage. A more particular examination, however, soon satisfied me as to its reality ; and that, moreover, there existed an arm presentation. The liquor amnii had been discharged, and the os uteri was fully dilated. The operation of version was immediately attempted to be performed, but so firmly was the fetal body embraced by the uterus, that it would have been impossible to have effected it without risking the infliction of severe injury upon that organ. It was evident that in this critical state of affairs, the woman ought to be delivered as soon as it could be accomplished with safety, as it was considered that the absence of hæmorrhage was attributable to the

unusual contractile power exerted by the uterus; and that any sudden or gradual diminution of its contractility, although it might facilitate the operation of turning, yet would, in all probability, give rise to a copious hæmorrhage, highly dangerous to the life of the patient; and as the want of pulsation in the umbilical cord demonstrated that the fetus no longer possessed vitality, it was determined to eviscerate the chest and abdomen, as proposed by Dr. Douglas, of Dublin. The operation was accordingly commenced, and, after the necessary interval, the delivery was completed; the placenta, of course, having previously been entirely removed from the vagina. On the third day after delivery, some symptoms of uterine inflammation were experienced, which yielded to venesection, leeching, fomentations, with the free exhibition of calomel, opium, and tartarized antimony, &c. On the expiration of seven or eight days, all dangerous symptoms had disappeared. She perfectly recovered. The placenta was of the natural size, and there was no more hæmorrhage than in an ordinary parturition.—*Ibid.*

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### THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, FEBRUARY 11, 1846.

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*Studies in Medical Geology.*—A note was received from M. Boudin, M.D., Chief Physician of the Military Hospital of Versailles, some weeks since, and alluded to in the Journal, which made particular reference to a publication that should have accompanied the letter. Without it, the object of the author, as expressed in a paragraph of the letter, could not be promoted. That publication, being a treatise by Dr. Boudin, bearing the following title, has just arrived, after an unnecessary detention somewhere, of well nigh two months—"Etudes de Géologie Médicale sur la Phthisie Pulmonaire et la Fièvre Typhoïde, dans leurs rapports avec les localités marécageuses." Having now a clear coast, we shall present, at a convenient opportunity, an analysis of Dr. Boudin's *Studies in Medical Geology*, with the hope of extending the views of a profound inquirer into the laws of disease, who is but little known in the United States. Both R. K. Haight, of New York, and Mr. Gliddon, the well-known Egyptian archæologist, will please accept our thanks for the interest they have taken in furnishing us with the medico-literary productions of Dr. Boudin.

The following is a translation of the letter alluded to, addressed to the editor, and also the plan of a circular to American physicians, to which we would respectfully call their attention.

Paris, 12 November, 1845.

SIR AND HONORED COLLEAGUE,—According to an invitation from Mess. Haight and Gliddon, I take the liberty of having recourse to your kindness in the elucidation of a great question in general pathology and therapeutics, at present the object of interest in Europe, and upon which the

American physicians could, I doubt not, spread much light. If you should do me the honor to accept of my proposition, I would beg you to have the kindness to call, by means of your excellent Journal, the attention of physicians in the United States to the scientific questions to which it relates, and which you will find drawn out more in detail in the pamphlet which I pray you to accept with my respects.

It depends on you, sir, to elucidate the problem by exciting to the investigation of it the American practitioners, and by thus rendering a great service to science you will acquire new claims to the thanks of the human race (humanity).

Accept, Sir, I beg of you, with the anticipated expressions of my thanks, the assurance of my high respect. (Signed) BOUDIN,

*Chief Physician of the Military Hospital at Versailles.*

*Plan of a Circular addressed to the Physicians of the U. S. of America.*

1st. Is there any connection between the relative frequency or rarity of pulmonary phthisis and of typhoid fever, in those localities where the organism is subjected in a high degree to morbid influences?

2d. In case an affirmative answer is made to this first question, give a tabular result. (?)

3d. Has it been observed that those affected with phthisis, when they remove to these localities, experience any amelioration or even cure?

4th. How has the case been determined to be one of phthisis, and what means have been employed to decide on the amelioration of the health?

5th. When a locality is converted into a swamp or becomes dry, does phthisis or typhoid fever develop itself in greater proportion?

6th. Is it true that the Negro race is but little liable to take the marsh fever, and that, on the contrary, it is predisposed, 1st, to pulmonary phthisis, and 2d, to the typhus or typhoid fever.

With respect to the question of antagonism, what are the tendencies and immunities of the Indian race?

7th. To answer as far as possible these (latter?) questions by precise facts, and to base all argument on statistical documents. BOUDIN.

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*Duties of Medical Students—Dr. A. H. Brown's Address.*—There are so many good things reaching us, from day to day, illustrative of an increased attention to medical literature in our country, that we feel proud of our professional brethren, and anticipate the best results from their efforts. A society, it appears, exists in the Willoughby Medical College, Ohio, called the Rush Medical Society, before which Abner H. Brown, M.D., the Professor of Chemistry, delivered an address on the 27th of December. We cannot gather from the printed discourse, either the objects or pursuits of the Society; but it is very evident they are both of a high order, or Dr. Brown would never have condescended to write the pamphlet which has afforded much gratification in Boston, as well as in Willoughby University. He has a bold, independent spirit, and is not afraid to tell men what they are morally bound to do in all the relations of life. To lay down the law to students, and those medical ones, too, who are proverbially under little restraint, was an undertaking of no ordinary character. For his energy, and for the truths he impressed upon



the minds of his young audience, we honor him. It was no less creditable to the Society to listen to a statement of their duties. To learn to obey well, is one of the first rounds in the ladder that leads to distinction.

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*Ohio Lunatic Asylum.*—The seventh annual report of the state of this institution, addressed to the Legislature, in November, has been lying in the order of notice some weeks; but this is the first opportunity that has presented for showing the respect which is due to a document like this. While passing a stupid day in Columbus, two years since, we should have examined the institution for the insane of Ohio, had any one suggested a feasible method of introducing a stranger. The external appearances of the establishment were well calculated to impress one favorably. A succession of able reports leaves no doubt of the character within. Preceding the physician's report, is a short one from the directors, expressive of their view of the medical administration, the cost of certain additional accommodations, the number of insane in the State—presumed to be twelve hundred—and a declaration that the "*great object of the institution is to effect cures.*" Another assistant physician is required, and something is asked in the way of more apartments.

Dr. Awl, following his accustomed course of statistical detail, is as minute as the most exacting committee of the General Court could in conscience demand. The number of patients, &c., has already been copied into the Journal. Their entire support cost \$17,088 33. The report, as a whole, indicates a faithful officer, a careful watchman over the health and happiness of those confided to his management, and a medical philosopher of enlarged views, fitted by high moral qualities for sustaining the reputation of the Ohio Asylum with undiminished reputation.

In the Treasurer's account, the salary of Dr. Awl is figured at \$1000 per annum. How men of eminent qualifications can be procured, or rather persuaded, to drudge on through life for a sum that will no more than pay school bills for their children, and back the tailor's accounts, is to us unaccountable. The salary to superintendents of lunatic asylums should be liberal; and then, when overtaken with grey hairs, and enfeebled bodies, without the physical ability to cope with the ups and downs of every-day practice, they would have something to fall back upon. It is abominable for legislatures to demand high moral, social, literary and scientific qualifications of the medical superintendents of such institutions, and yet pay them less than a grocer's clerk gets by the year for weighing out soap and candles.

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*Medical Lawyers in Liberia.*—A spirited writer in one of the late Nos. of the African Repository, who gives his own personal observations upon the country, manners, habits and character of the society of Liberia, thus proceeds, in speaking of Monrovia.

"While in the village, I visited the court-house, to hear the trial of a cause involving eight hundred dollars. Governor Roberts acted as judge, and displayed a great deal of dignity in presiding, and much wisdom and good sense in his decision. This is the highest court of the colony. There are no regularly educated lawyers in Liberia, devoting themselves exclusively to the profession; but the pleading seems to be done princi-

pally by the medical faculty. Two doctors were of counsel in the case alluded to, and talked of Coke, Blackstone and Kent, as learnedly as if it had been the business of their lives to unravel legal mysteries. The pleadings were simple, and the arguments brief, for the judge kept them strictly to the point. An action for slander was afterwards tried, in which damages were laid at one hundred dollars. One of the medico-juris-counsels opened the cause with an appeal to the feelings, and wrought his own sensibilities to such a pitch as to declare, that, though his client asked only for one hundred dollars, he considered the jury bound in conscience to give him two. The doctor afterwards told me that he had walked eighty miles to act as counsel in this court. A tailor argued stoutly for the defendant, but with little success; his client was fined twenty dollars.

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*Fictitious Catalogues of Medical Students.*—A correspondent in one of our large cities, calls our attention to a new subject, by saying that the profession is not aware, perhaps, "that certain medical schools in the United States are in the habit of issuing, annually, a list, or catalogue, of students, far exceeding the *real number* of their matriculants or attendants. This is done for the purpose, no doubt, of swelling the importance of their institutions abroad, or in distant places, and with the view of attracting additional students the next year to their benches, under the idea that most young men like to congregate. Besides the fictitious names thus introduced into catalogues, the professors, or their agents," the writer says he is informed, "invite the apprentices of shoemakers, tailors, carpenters, and apothecaries, to attend their lectures, and add *these*, also, with some change of surname, &c., to their list of regular attendants. The whole of this fraudulent system is not only derogatory to those concerned in it, but injurious to the profession; inasmuch as it induces medical men in remote places, unaware of the imposition, to get up other medical schools, under the persuasion that they also can form classes with the same facility that Drs. A, B and C have done in Philadelphia, New York, Baltimore and Boston." The same gentleman says, further, that we shall "confer a favor upon many respectable physicians, by calling the attention of the profession to this subject at the present moment," and assures us that he "will undertake to prove his assertions a few weeks hence, by sending us the catalogues of such institutions as practise this foul iniquity, and by reviewing them and furnishing the names of their decoy ducks, with extended and suitable comments upon such transactions."

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*Smallpox Interrogatories.*—"1st. A, being unprotected, is exposed to *smallpox*, and, no other condition being present, is to have it in ten or fourteen days. Four days after the exposure, he is vaccinated. The virus, to use a common phrase, *takes*. At the usual period, if the virus be taken from A's arm and inserted into the arm of a child previously unprotected, will the child be liable to have *smallpox*? 2d. Can the virus, taken under the circumstances above mentioned, be capable of inducing the vaccine disease; and at a later period, if used again in another person, can the vaccine virtues be so far dissipated as not to produce the vaccine disease, but induce *smallpox*? 3d. Ought the vaccine virus to be taken from the arm of a child who is in a location where *smallpox* prevails?"

These questions, by a correspondent, are open to the profession to answer. Having recently expressed our own views respecting some disputed points on the subject of vaccination, we prefer in this instance to have a wider range of opinions.

*Journal of Health.*—Dr. Cornell's second No. of the *Journal of Health and Monthly Miscellany* was published on the first of February. Here is a catalogue of the articles—a want of room forbidding the introduction of a more extended notice of the editor's labors. "Our Journal—its Enlargement, &c.—Remarks on Consumption—'My Own Times, or 'tis Fifty Years Since.' By Dr. Walter Channing. (Continued)—The Beard—The *Sanguinaria Canadensis*, or Common Bloodroot—On the Treatment of Warts and Corns—Physicians' Prescriptions in Latin—Smallpox and Vaccination—Poetry—New Publications, &c.—Notices, &c."

*Massachusetts State Prison.*—From Dr. J. W. Bemis's Annual Report, which we can only thus briefly notice this week, we learn that the whole number of patients admitted to the hospital during the last year was 62; number of days spent in the hospital, 1939; number of days labor excused, 284; number of days light labor, 559; one death occurred. Average number of convicts during the year, 284.

TO CORRESPONDENTS.—Communications from various sources are on hand, and will receive early attention.

MARRIED.—At Stonington, Conn., Dr. Otis Smith to Miss G. Cheusebrough.

DIED.—In Adams Co., Penn., Dr. French. He was so badly injured by being thrown from a sleigh, that he soon died.

Number of deaths in Boston, for the week ending Feb. 2, 64.—Males 31, females 33. Stillborn, 7. Of consumption, 14—smallpox, 9—erysipelas, 1—scarlet fever, 3—teething, 1—lung fever, 4—abscess, 1—rheumatic fever, 1—croup, 7—cancer, 1—old age, 1—disease of the heart, 1—infantile, 2—inflammation of the stomach, 3—disease of the brain, 2—hooping cough, 3—debility, 1—paralysis, 1—inflammation of the lungs, 2—dropsy on the brain, 3—pleurisy, 1—ulcers, 1—scurvy, 1—drowned, 1. Under 5 years, 27—between 5 and 20 years, 3—between 20 and 60 years, 25—over 60 years, 9.

#### REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

| Jan. | Therm.       | Barometer.          | Wind. | Jan. | Therm.        | Barometer.          | Wind. |
|------|--------------|---------------------|-------|------|---------------|---------------------|-------|
| 1    | from 6 to 27 | from 29.70 to 29.72 | N E   | 17   | from 23 to 27 | from 29.65 to 29.10 | N E   |
| 2    | 30 47        | 28.75 29.17         | S E   | 18   | -3 3          | 29.22 29.40         | N W   |
| 3    | 30 36        | 28.76 28.94         | N W   | 19   | -2 10         | 29.45 29.49         | N W   |
| 4    | 27 37        | 29.11 29.25         | W     | 20   | 1 16          | 29.61 29.48         | N W   |
| 5    | 20 44        | 29.49 29.58         | W     | 21   | 16 33         | 29.68 29.72         | N E   |
| 6    | 22 45        | 29.77 29.82         | S E   | 22   | 2 12          | 29.30 29.29         | N W   |
| 7    | 32 34        | 29.12 29.50         | N E   | 23   | 10 25         | 29.54 29.61         | N W   |
| 8    | 31 40        | 29.02 29.03         | W     | 24   | 16 31         | 29.38 29.50         | N W   |
| 9    | 29 33        | 29.17 29.22         | W     | 25   | 31 46         | 28.97 29.19         | N W   |
| 10   | 25 30        | 29.10 29.18         | N W   | 26   | 34 37         | 29.07 29.21         | S E   |
| 11   | 29 33        | 29.02 29.07         | S W   | 27   | 27 34         | 29.47 29.58         | N     |
| 12   | 27 37        | 28.99 29.05         | S W   | 28   | 20 34         | 29.30 29.25         | N W   |
| 13   | 24 29        | 29.30 29.45         | N W   | 29   | 27 40         | 29.52 29.60         | S W   |
| 14   | 16 32        | 29.38 29.50         | S W   | 30   | 34 46         | 29.16 29.16         | S W   |
| 15   | 25 45        | 29.40 29.43         | W     | 31   | 28 47         | 28.99 29.30         | N     |
| 16   | 36 38        | 29.06 29.16         | N E   |      |               |                     |       |

This month has been pleasant. A few days have been quite cold, and a few quite warm. The residue of the month has been quite uniform, and very favorable winter weather. Sleighing has been good much of the month in this place. Range of the Thermometer, from 4° below 0 to 47° above. Barometer, from 28.75 to 29.82. Rain, 2.93 inches—Snow, 13 inches.

*Fever.*—The days of out-and-out Broussaism are, thank God, passed; and medical men, even in France, have now found out that a fever is not necessarily an inflammation. The possession of Algeria, if it has not been very useful to our neighbors in a commercial or political point of view, has, at least, had the effect of teaching the medical officers of their army—and the important lesson has gradually extended itself to the civil practitioners—to abandon many of the principles of their early professional education in Paris, and to have recourse to a more enlightened and successful mode of treating the fevers of Africa, which are almost invariably of a remittent or intermittent character. Bark, opium, and wine, have, in a great measure, taken the place of venesection and ptisans. In these fevers, it is of the highest consequence to keep up the spirits of the patient; for the state of the mind has no inconsiderable influence in aiding or in counteracting the effects of the remedies employed for their subjugation. Often has the expected fit of an ague been observed not to occur, if the attention has been intensely occupied by something of absorbing interest, or if the feelings have been strongly roused by some joyous or alarming intelligence.—*Medico-Chirurgical Review.*

*Medical Institution of Yale College.*—The Annual Examination of Candidates for medical degrees and licenses commenced in this institution on Wednesday, the 21st ult. Of the Board of Examiners there were present on the part of the Connecticut Medical Society, Luther Ticknor, M.D., of Salisbury, *President*; Josiah G. Beckwith, M.D., of Litchfield, Archibald Welch, M.D., of Wethersfield, Wm. H. Cogswell, M.D., of Plainfield, and Rufus Blakeman, M.D., of Fairfield; and on the part of Yale College, Professors Silliman, Ives, Knight, Beers, Hooker and Bronson. Nineteen candidates, who had attended at least two full courses of lectures and complied with the other legal requirements, were recommended for the *Degree of Doctor in Medicine*, and received diplomas from President Day, of Yale College; and two, who had attended but one course of lectures, were licensed to practise physic and surgery by President Ticknor, of the Medical Society.

The Annual Address to the candidates was delivered, in the College Chapel, on Wednesday evening, by Wm. H. Cogswell, M.D., of Plainfield, of the Board of Examiners; and the Valedictory Address, by Nathaniel W. Taylor, Jr., of New Haven, one of the candidates.

Rufus Blakeman, M.D., of Fairfield, was appointed to give the Annual Address, at the examination in 1847, and Josiah G. Beckwith, M.D., of Litchfield, his substitute.

After continuing in session until near midnight on Thursday, the Board adjourned, *sine die*.

*Æsculapian Society of the University of New York.*—The First Anniversary of the Æsculapian Society of the University of the city of New York, was celebrated by its members, December, 26th, 1845, in the Chapel of the University. Moderator, Dr. Mott. The exercises, which were very appropriate and well received by the audience, were as follows; viz. Prayer, by Rev. Dr. Mason; an address by the President, Mr. C. T. Quintard, of N. Y.; Essay, by Mr. James, of Ga., subject, Common Sense; Essay, by Mr. Dorster, of Ala., subject, Dignity of the Profession; an address to the Society, by Thos. M. Franklin, of N. Y.; Benediction, by Rev. Dr. Mason.—*New York Med. and Surg. Reporter.*